UNITED STATES DISTRICT COURT

for the

Western District of New York

| JOSEPH MILLER, individually and on behalf of his minor children attending an Amish school in Clymer and as a board member of that school, EZRA WENGERD, as representative of all Amish schools in the State of New York, JONAS SMUCKER, individually and on behalf of his minor children, DYGERT ROAD SCHOOL, PLEASANT VIEW SCHOOL a/k/a TWIN MOUNTAIN SCHOOL, SHADY LANE SCHOOL, Plaintiff(s) V. |))))) Civil Action No. |
|---|------------------------------------|
| DR. JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York, and DR. BETTY A. ROSA, in her official capacity as Commissioner of Education of the State of New York, **Defendant(s)* SUMMONS IN |)))) N A CIVIL ACTION |
| To: (Defendant's name and address) LETICIA JAMES, New York Managing Attorney's Office Empire State Plaza Justice Building, 2nd Floor Albany, NY 12224 | |
| are the United States or a United States agency, or an offi P. 12 (a)(2) or (3) — you must serve on the plaintiff an arthe Federal Rules of Civil Procedure. The answer or mot whose name and address are: Elizabeth A. Brehm, Esq. Siri & Glimstad LLP 745 Fifth Avenue, Suite 50 New York, NY 10151 (212)532-1091 ebrehm@sirillp.com | |
| | CLERK OF COURT |
| Date: | Signature of Clerk or Deputy Clerk |

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| | This summons for (n | ame of individual and title, if an | ıv) | | |
|---------|---|------------------------------------|--|----------|---|
| was rec | ceived by me on (date) | | · | | |
| | ☐ I personally serve | ed the summons on the ind | ividual at (place) | | |
| | | | on (date) | ; or | |
| | ☐ I left the summon | s at the individual's reside | ence or usual place of abode with (name) | | |
| | on (date) , a person of suitable age and discretion who resides there are no date, and mailed a copy to the individual's last known address; or | | | | |
| | | | | | |
| | ☐ I served the sumn | nons on (name of individual) | | , who is | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | |
| | | | on (date) | ; or | |
| | ☐ I returned the sun | nmons unexecuted because | e | ; or | |
| | ☐ Other (specify): | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | • |
| | I declare under pena | lty of perjury that this info | ormation is true. | | |
| Date: | | | | | |
| | | _ | Server's signature | | |
| | | _ | Printed name and title | | |
| | | _ | Server's address | | |

Additional information regarding attempted service, etc: